

The Human Support Group Limited

Human Support Group Limited - Durham

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 14 August 2018 and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in.

Human Support Group is a domiciliary care agency that provides care and support to people in their own homes. It provides a service to adults who need support to become independent in their own home. The service provides a six-week enablement service. At the time of the inspection the service provided care and support for 47 people. All staff were directly employed by Human Support Group.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Risk assessments were in place with information on steps that should be taken to reduce any risks.

Staff had received training in safeguarding adults and the registered manager understood their responsibilities to identify and report any concerns. Safe recruitment processes were followed to ensure only suitable people were employed. The service was in the process of recruiting more staff.

Medicines were managed safely, and people were supported to administer their own medicines.

People accessed health and social care professionals and the service received good support from the person's GP and pharmacist.

People benefited from strong, caring relationships with staff who treated them with dignity and respect.

People's rights were protected by staff who understood the Mental Capacity Act and how this applied to their role.

People received effective care from staff who had the skills and knowledge to support them. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People were supported to maintain relationships and access the local community.

Effective management systems were in place to monitor the quality of care provided and to promote

people's safety and welfare.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained safe

Is the service effective?

Good ●

The service remained effective

Is the service caring?

Good ●

The service remained caring

Is the service responsive?

Good ●

The service remained responsive

Is the service well-led?

Good ●

The service remained well led.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site activity started on 14 August 2018 and ended on 20 August and was announced. The provider was given 48 hours' notice because the location was a service for people who are often out during the day; we needed to be sure that someone would be in. We visited the office location on 14 August 2018 to see the registered manager and staff team and to review records, policies and procedures. The inspection team consisted of one adult social care inspector and an expert by experience who made telephone calls to people and their relatives on 20 August 2018. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed other information we held about the service, including any statutory notifications we had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale. Before the inspection, we also contacted the local authority commissioners for the service and the local authority safeguarding team to gain their views of the service provided.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to support the inspection planning.

We looked at three care records for people who used the service. We examined three sets of staff files which covered recruitment, supervision and training records and various records about how the service was managed.

We spoke to 14 people who used the service and four relatives over the telephone, the chief operating officer, the chief information officer, the regional director, registered manager and five staff members. For the staff were not available on the office day, we provided a questionnaire for them to complete and we received nine back.

Is the service safe?

Our findings

All the people we spoke with said the service was safe. Comments included, "Yes I feel safe, they [staff] are fine, no complaints", "Yes I feel much safer, with them [staff] coming" and "I feel safe, they use the equipment properly."

Staff we spoke with said there were enough staff on duty but at times they were busy. Due to the nature of the service, people leaving hospital needed reablement care on the same day. The service always managed to make sure the support was in place. However, they were recruiting further staff to support with the demand in the community. They had recently employed a new care coordinator and two further members of staff. They had also received 60 application forms which they were assessing for interviews. One person said, "I have regular staff, I feel absolutely safe with them."

The regional manager said, "We are recruiting an occupational therapist into the branch, this will push the therapeutic led care that we are aiming to complete."

The provider maintained an effective recruitment process ensuring staff employed by the service had been appropriately checked and had the right skills to support people. This included undertaking Disclosure and Barring Service checks (DBS). DBS checks help employers make safer decisions and help to prevent unsuitable people from working with vulnerable adults.

The provider had a safeguarding policy in place and staff had a good understanding of safeguarding and whistleblowing [telling someone].

We saw risk assessments were in place for moving and handling, falls and making sure people were wearing their pendent alarm. Staff at the service also completed an environmental risk assessment of each person's home, for example looking for trip hazards.

The provider had a business continuity plan in place to ensure people would continue to receive care following an emergency.

People were supported to administer their medicines independently. However, at the beginning of their package staff supported the person with this, if needed. One person said, "Most of my requirements are about the medication, they [staff] are most attentive, they check I am okay." Any concerns with medicines from leaving hospital were acted upon straight away and the GP's and pharmacists were very supportive.

Staff had access to plenty of personal protective equipment (PPE) such as disposable gloves and aprons. People confirmed that staff wore PPE and a uniform. One person said, "They are all very smart in their uniforms."

Is the service effective?

Our findings

Staff we spoke with said they received plenty of training and felt they had the right training to carry out their role. One staff member said, "We get lots of training, I have just done food hygiene." One person who used the service said, "They [staff] are fantastic, very good, they know their job", "They [staff] are skilled, they know what they are doing and can answer my questions" and "They [staff] appear to be knowledgeable."

We confirmed from our review of staff records and discussions that staff were suitably qualified and experienced to fulfil the requirements of their role. Staff completed an induction programme that incorporated the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. It sets out explicitly the learning outcomes, competences and standards of care that will be expected.

We saw that staff were supported through supervision and a yearly appraisal. Supervision is a process, usually a meeting, by which the organisation provides guidance and support to staff.

Staff had access to extra training and we saw certificates to show they had received training on aging, sleep, activities and exercise and consent.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. At the time of this inspection the service was not supporting anyone who lacked capacity. One person said, "They [staff] always ask my consent."

The service completed a package implementation which documented personal details, call times required, care tasks required, existing medical conditions, equipment in the person's property, the occupational therapist assessment and if the speech and language therapist (SALT) team were involved. A reablement support plan was implemented following this.

The service worked with external health and social care professionals such as the occupation therapists team,' to ensure people were provided with the best possible care and support and had the equipment to enable independence. One staff member said, "If they [people using the service] are not happy about the medicines they have received from the hospital, the person's pharmacist will get involved and it is sorted within a day."

People were supported to meet their nutritional needs where necessary. Although at the time of inspection no one had any cultural needs, but one staff member said, "We did have someone who needed their food

cooked in a certain way due to their religion, we would prepare the meals together, so I then knew the meals were cooked how they wanted it and also to regain their cooking skills."

People we spoke with said, "They do meals for me, I have a choice, and I feel comfortable", "I am grateful for what they [staff] do, they come and have a chat and get me drinks and a meal, I am a plain eater" and "They [staff] are nice and polite, they make me something to eat and drink."

Is the service caring?

Our findings

People we spoke with said, "They [staff] are very helpful, I couldn't manage without them, what they do for me", "They [staff] are friendly and very pleasant" and "I know the cares, especially [named carer] she is lovely."

One relative we spoke with said, "They [staff] help [named person] all they time, they converse with us and chat as friends."

Staff we spoke with talked about the people they supported with lots of care and compassion. Staff demonstrated they cared deeply about the people and the outcome they wanted to achieve. Comments included, "It is all about independence, we build up a rapport with people, get to know what they used to do before being in hospital and how we are going to get them back to that", "I say I am not here to take over, you have me for six weeks then we say goodbye and you are back to where you were before this happened" and "I deliver care that I hope carers would deliver to my mum, I think if that was my mum what would I do."

People we spoke with said, "They [staff] give me the confidence to do things, in some respects I have improved", "They will support me if I am struggling" and "I would recommend this service, I needed to regain my independence and this was the backup I needed."

Staff we spoke with valued people's wellbeing and happiness. Staff were knowledgeable about people's likes and dislikes, interests and the people important to them. We saw all this information was documented in some of the care plans. One staff member said, "We always communicate and talk to the people we are supporting, from the beginning we discuss the goals they want to achieve and how we are going to reach them goals."

People were included in the choice of male or female staff to support them and every day choices. One staff member we spoke with said, "If their clothes are not already prepared for the day, I will ask them what are you wearing today and joke that I have no fashion sense."

People were provided with a six-week reablement plan to enable them to go back to living independently. Staff were experienced and new different ways to encourage people. Comments included, "People start off by being unable to walk well with a Zimmer frame to being independent" and "I introduce myself, ask their preferred name, ask if I can sit down, then say, right what can I do to help, let's do this together, you lead, you tell me what you need me to do. Shall we have a cup of tea, now how do you like your tea. Talking and chatting to them, I am not here to take over, I am here to help you"

People who used the service said staff promoted their privacy and dignity. Staff we spoke with explained they closed curtains, doors, windows and kept people covered. One staff member said, "It all depends on the person, how they feel and what they want. So, I ask them."

The service was able to support people to gain access to advocacy services. At the time of the inspection no

one was using an advocate.

Staff had received training on equality and diversity. The regional manager said, "We support our customers and colleague's human rights by being fair, honest, non-discriminatory and accepting. We have robust policies and procedures around equality and diversity and we celebrate people's differences and ability to choose to live their life in the way they want to."

Is the service responsive?

Our findings

We saw evidence to show people and relatives were involved in creating their care plans. The service could get a phone call on the morning to say someone was being discharged from hospital that afternoon and would need a call between 3pm and 5pm for example. The service received an initial assessment from the person's social worker and then would go to the person's home to complete their own assessment.

Following this assessment, the service implemented a reablement support plan. This included the person's preferred name, preferred method of access (into their home), the person's life history such as where they had worked and likes and dislikes.

The reablement plan highlighted the outcomes people wanted to achieve, for example, managing and maintaining nutrition and personal hygiene, accessing the community and re using public transport.

One person we spoke with said, "I read the folder after the staff completed it and felt it was accurate."

The provider had plans to introduce a new computerised system that also supported outcome-based care plans. This was being implemented at the beginning of September 2018. We were told the new care plans would show a more detailed journey of where the person was on their six-week reablement plan.

One staff member said, "It is often lack of confidence for people, if they have had a fall their confidence is shot. One person said they loved going to the bingo, so we have worked on this, they went to the bingo for the first time this week, they went from being really worried to stepping out of the door to being happy with their first trip."

The regional manager said, "We signpost people to local groups and clubs if they wish to be. We also as much as possible try to match likeminded carers with likeminded customers. In a short-term service as reablement is, the main role for us is to signpost and to try and instil confidence in our customers to try new things."

The service had a complaints policy in place which they followed if a complaint came in. The service had received seven complaints since the last inspection. All these complaints had been fully investigated. Staff we spoke to commented how the main complaints they received were from family members not understanding the reablement role.

Is the service well-led?

Our findings

At the time of this inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We asked people what their thoughts were of the service. Comments included, "The service is excellent, it is friendly care, I can talk to them as if I had known them all my life", "I would give them quite a high marking", "They are efficient" and "They are kind and speak to you on a friendly basis, more like friends, they make changes that adapt to your needs."

Staff said the management team were very supportive. Comments included, "The managers are brilliant, very supportive", "Nothing is a problem, it is a good company" and "There is a night phone number to ring and someone is always available, also staff don't leave the office until all reports are in (meaning all call are covered)."

One person we spoke with said, "They are organised, it gets very busy, they stayed the allocated time, I would absolutely recommend the service, for their reliability and the friendship they showed us."

Staff we spoke with told us they loved their jobs and the people that they worked with. Staff's comments were, "We provide a brilliant service, I believe in it wholeheartedly, I love what I do" and "One good thing about the job is the smile on people's faces when they reach the end, it makes me chuffed to bits."

We saw there were effective systems in place to monitor the quality of the service. Feedback was sought about the service via six monthly surveys. The last one had taken place in July and the registered manager was in the process of implementing an action plan for the responses. The previous one which took place in January was fully analysed with an action plan for where improvements could be made but it was positive overall.

Meetings for staff took place four times a year. Staff said these were very well attended and topics discussed were training, policies and any changes. Staff said there was also time for questions and answers.

The service had information on their values up in the office. Examples of the values were to provide the best care with the best people, be kind and honest, say thank you and celebrate success. Staff commented, "I have never worked for a company that respects and appreciates you for what you do" and "Very good company to work for." Another staff member said, "The culture of the service is to make people independent, getting them to do more. I get major job satisfaction when they [people] say I don't need you anymore."

The regional manager said, "We really do feel that we live our values every day and that we believe in what we do and how we do it."

The service had a reward scheme for staff called Staff Celebration Fund. Also, if a staff member received a positive comment they could choose a prize from a prize table which was on display in the office. The service also promoted team building days, for example staff came into the office and had an Easter bonnet making competition.

The registered manager had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.